



Prince of Peace School

625 Pike Street
Covington, KY 41011
(859) 431-5153



2020-2021 Registration Form

Student Information

Student Name: _____
(Last First Middle)

Street Address: _____

City: _____ State: _____ Zip: _____ SSN#: _____

Home Phone: _____

Date of Birth: _____ Birth Place: _____
(Place/Hospital) (City) (State)

Ethnic Background: _____ Religion: _____ Sex: _____

Present School: _____ Present Grade: _____ Registering for Grade: _____

Public School District: _____ County: _____

Parent/Guardian Information

Father/Guardian Name: _____
(Last First Middle)

Home Address: _____ City & State: _____

Phone: _____ Birth Father ___ Stepfather ___ Guardian ___ Other: _____

Birth Place: _____ Date of Birth: _____ U.S. Citizen: Y / N Deceased: Y / N
(City) (State)

Highest Level of Education: _____ Religion: _____

Employer & Occupation: _____

Business Address: _____ Business Phone: _____

Cell Phone: _____ E-mail: _____ Marital Status: _____

Mother/Guardian Name: _____
(Last First Middle (MAIDEN))

Home Address: _____ City & State: _____

Phone: _____ Birth Mother ___ Stepmother ___ Guardian ___ Other: _____

Birth Place: _____ Date of Birth: _____ U.S. Citizen: Y / N Deceased: Y / N
(City) (State)

Highest Level of Education: _____ Religion: _____

Employer & Occupation: _____

Business Address: _____ Business Phone: _____

Cell Phone: _____ E-mail: _____ Marital Status: _____



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If Parents are divorced, please list who has custody: _____ Student lives with: _____

Has this child ever attended a Catholic School? _____ Which one(s)? _____

Parish(es) you are registered in: _____

SACRAMENTS	DATE	CHURCH	CITY/STATE
Baptism			
First Eucharist			
Reconciliation			
Confirmation			

Number of Siblings: _____

Sibling Name	Grade	School (if applicable)
1.		
2.		
3.		
4.		